



Experiential Attestation Form

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of **Public Health Practice** by commenting on each competency listed on the next pages. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

Should you have any questions, please contact Lanie Kepler (contact information listed below).

Thank you for your participation in the certification process.

Public Health Practitioner Certification Board

Lanie Kepler

Director of Membership and Development

Illinois Public Health Association

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Competency Area: Public Health Practice

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and processes of public health practice, in terms of working with and through the various institutions, organizations, and individuals that contribute to carrying out public health's core functions and essential services in the community.

1. The applicant can describe what public health is, including its unique and important features, to general audiences.

Yes _____ No _____ (unable to verify)

Specific Examples:

2. The applicant understands and effectively applies measures of population health and illness, including risk factors, in community health improvement in community health improvement initiatives.

Yes _____ No _____ (unable to verify)

Specific Examples:

3. The applicant understands, identifies, and implements public health and prevention strategies for prevalent health problems.

Yes _____ No _____ (unable to verify)

Specific Examples:

4. The applicant understands the role of law and government in promoting and protecting the health of the public and identifying specific functions and roles of governmental public health agencies in assuring population health.

Yes _____ No _____ (unable to verify)

Specific Examples:

5. The applicant understands how various organizations, positions, and roles contribute to carrying out public health's core functions and essential services.

Yes _____ No _____ (unable to verify)

Specific Examples:

6. The applicant identifies measures and assesses components of the public health infrastructure in the community.

Yes _____ No _____ (unable to verify)

Specific Examples:

7. The applicant understands and applies principles derived from the basic public health sciences to planning, implementing, and evaluating public health interventions.

Yes _____ No _____ (unable to verify)

Specific Examples:

I hereby confirm the high-level competency of _____ in the **Public Health Practice** concepts and skills listed above.

Signature

Date

Printed Name

Email